



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
United States Patent and Trademark Office  
Address: COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 9628

|   |   |                                    |   |   |
|---|---|------------------------------------|---|---|
| <b>SERIAL NUMBER</b><br>10/533,709  | <b>FILING OR 371(c) DATE</b><br>05/03/2005<br><b>RULE</b>   | <b>CLASS</b><br>604                | <b>GROUP ART UNIT</b><br>3767   | <b>ATTORNEY DOCKET NO.</b><br>MANSOURI, S. - 1<br>PCT |
| <b>APPLICANTS</b><br>Said Mansouri, Aachen, GERMANY;  |   |                                    |   |   |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/DE05/00178 02/03/2005 which claims benefit of 60/541,811 02/04/2004   |   |                                    |   |   |
| <b>** FOREIGN APPLICATIONS *****</b><br>GERMANY 10 2004 005 383.9 02/03/2004<br>GERMANY 10 2004 023 235.0 05/07/2004  |   |                                    |   |   |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged<br>Examiner's Signature _____ Initials _____ |   | <b>STATE OR COUNTRY</b><br>GERMANY | <b>SHEETS DRAWING</b><br>1  | <b>TOTAL CLAIMS</b><br>22                             |
| <b>INDEPENDENT CLAIMS</b><br>1  |   |                                    |   |   |
| <b>ADDRESS</b><br>25889   |   |                                    |   |   |
| <b>TITLE</b><br>ANESTHETIC SYRINGE  |   |                                    |   |   |
| <b>FILING FEE RECEIVED</b><br>800   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                    | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |